

Graduate Medical Education Committee

CLINICAL EXPERIENCE and EDUCATION (VI.F) (Duty Hours) Approved July 1, 2017

Spokane Teaching Health Center believes that graduate medical education must be carefully planned and balanced with concerns for patient safety and resident/fellow well-being. The Sponsoring Institution must ensure that education outweighs service obligations. In terms of workload and duty hours, the safety and welfare of patients is paramount. No residency or fellowship programs will apply to their respective Review Committee for exceptions to this Duty Hours Policy. This policy will be administered and monitored by the GMEC.

Supervision of Residents: Qualified faculty must supervise all patient care. All sponsored residency/fellowship programs must:

- Document adequate supervision of residents/fellows at all times;
- Provide their residents/fellows means of communicating with supervising faculty; and
- Educate faculty and residents/fellows to recognize the signs of fatigue in order to develop policies to correct and prevent excessive fatigue.

Duty Hours: Duty hours include all clinical and academic activities related to the residency/fellowship program e.g., patient care, administrative duties related to patient care, in-house call activities and conferences. Duty hours do not include reading and preparation time spent away from the duty site. Compliance with the following ACGME requirements is required:

1. Maximum Hours of Work per Week:
 - Duty hours must be limited to 80 hours per week, averaged over a 4-week period, inclusive of all in-house call activities and all moonlighting.
 - No programs will apply to their respective Review Committee for an exception to the 80-hour limit.
2. Mandatory Time Free of Duty:
 - Residents/fellows must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.

3. Maximum Duty Period Length:

- Duty periods for PGY-1 residents must not exceed 16 hours in duration.

- Duty periods for PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital.
 - o Programs must encourage residents/fellows to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00PM and 8:00AM, is strongly suggested.

 - o It is essential for patient safety and resident education that effective transitions in care occur. Residents/fellows may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.

 - o Residents/fellows must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.

 - o In unusual circumstances, residents/fellows, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.
 - Under those circumstances, the resident/fellow must appropriately hand over the care of all other patients to the team responsible for their continuing care; and document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the Program Director.
 - The Program Director must review each submission of additional service, and track both individual resident/fellow and program-wide episodes of additional duty.

4. Minimum Time Off between Scheduled Duty Periods:

- PGY-1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.

- Intermediate-level residents/fellows (as defined by the respective specialty Review Committee) should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.
- Residents/fellows in the final years of education (as defined by the respective specialty Review Committee) must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.
 - o This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in-seven standards. While it is desirable that residents/fellows in their final years of education have eight hours free of duty between scheduled duty period, there may be circumstances (as defined by the respective specialty Review Committee) when these residents/fellows must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty. When this occurs, it must be monitored by the Program Director.

5. Maximum Frequency of In-House Night Float

- Residents/fellows must not be scheduled for more than six consecutive nights of night float. The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by a respective specialty Review Committee.

6. Maximum In-House On-Call Frequency

- PGY-2 residents and above must be scheduled for in-house call no more frequently than every- third night, when averaged over a four-week period.

7. At-Home Call

- Time spent in the hospital by residents/fellows on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third night limitation, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident/fellow.
- PGY-1 residents are limited to a 16-hour duty period and are not allowed to take at-home call. PGY-1 residents are not allowed to take at-home call because appropriate supervision (either direct supervision or indirect supervision with direct supervision immediately available) is not possible

when a resident is on at-home call. Program Directors should review the specialty-specific FAQ related to this requirement for further clarification.

- Residents/fellows are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new "off-duty period".

Monitoring Procedures: The GMEC will monitor compliance with the Duty Hours Policy. At each GMEC meeting, each residency program will present and submit its data regarding compliance using the report form attached at the end of this policy.